**FAX COVER SHEET**

501 Independence Parkway
Suite 201 - Lake Center I
Chesapeake, Virginia 23320
757-548-2323 Telephone
757-548-2345 Fax
www.bghklaw.net

RECEIVED
CENTRAL FAX CENTER
JUL 02 2007

Date: July 2, 2007

To: PTO Central Fax Number for Examiner Justin Matthew Larson - Group Art Unit: 3782

Fax Number: 571-273-8300

From:

☐ Beckham, Jonathan
☐ Bowman, Jerry
☐ Bowling, Leigh Anne
☐ Driscoll, Jr., Frank
☐ Green, Edwin
☐ Gregory, Leigh

☐ Hampton, Glenn
☐ Hartwick, Richard
☐ Howell, Melissa
☐ Kelly, Thomas
☐ Mulford, Anthony
☒ Shaddock, Peter
☐ Wooten, Kristi

☐ Bowman, Maria
☐ Colby, Linda
☐ Condon, Gidget
☐ Houston-Scott, Taryn
☐ Kelly-Perriello, Barbara
☐ Phillips, Kimberly
☐ Price, Darlene
☐ Shirley, Pam

No. of Pages: 37
(Incl. Cover Letter)

Special Instructions:

Please see attached

- Fax Cover Sheet (1)
- Transmittal Form (1)
- Amendment and/or Response to Office Action After Final Rejection (35)

The information contained in this transmission is intended for the personal and confidential use of the party named above. This message may be an attorney-client communication, and as such, is privileged and confidential. If the reader is not the named recipient, you are hereby notified that you have received this document in error. **If you have received this transmission in error and incurred any expense thereby, we will reimburse you for all reasonable expenses incurred. Thank you.

JUL 02 2007

PTO/SB/21 (04-07)

Approved for use through 09/30/2007, OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

37

Application Number

10/777,859

Filing Date

February 12, 2004

First Named Inventor

Chuck Buls

Art Unit

3782

Examiner Name

Justin Matthew Larson

Attorney Docket Number

729-030

ENCLOSURES (Check all that apply)

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input checked="" type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify
below):
• Fax Cover Sheet |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Bowman Green Hampton & Kelly, PLLC

Signature

Printed name

Peter A. Shaddock II

Date

July 2, 2007

Reg. No.

44,331

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Peter A. Shaddock II - Reg. No.: 44,331

Date

July 2, 2007

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CENTRAL FAX CENTER

JUL 02 2007


PATENT APPLICATION**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****In re the Application of:****Group Art Unit: 3782****Chuck Buis et al.****Confirmation No.: 6112****Application No.: 10/777,859****Examiner: Larson, Justin Matthew****Filed: February 12, 2004****Docket No.: 729-030****For: HOLSTER HOLDER DEVICE****AMENDMENT AND/OR REQUEST FOR RECONSIDERATION
AFTER FINAL REJECTION**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment and/or Request for Reconsideration after Final Rejection is filed in response to the Final Office Action mailed April 2, 2007. Applicant respectfully requests reconsideration and allowance in view of the following amendments and/or remarks.

This response is submitted within 3 Months of the mail date of the Office Action.

<u>CERTIFICATE OF TRANSMISSION</u>	
I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the United States Patent and Trademark Office, under 37 C.F.R. §1.8, on the date indicated below and to the facsimile number indicated below.	
Facsimile Number:	(571) 273-8300
Typed or printed name of person signing Certificate	Peter A. Shaddock II Reg. No. 44,331
Signature	 Date: July 2, 2007